


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000078701 (7)</b>			
1. Corporation Name <b>M.T. CROSS, INC.</b>			
Principal Place of Business <b>11630 N.W. 31ST PLACE SUNRISE FL 33325</b>		Mailing Address <b>11630 N.W. 31ST PLACE SUNRISE FL 33323-1308</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. <b>5270 N.W. 116th Ave</b> 22 City & State <b>Coral Springs, FL.</b> 23 Zip Country <b>33076 BROWARD</b>		2a. Mailing Address 26 Suite, Apt. #, etc. <b>5270 N.W. 116th Ave</b> 27 City & State <b>CORAL SPRINGS, FL.</b> 28 Zip Country <b>33076 BROWARD</b>	
9. Name and Address of Current Registered Agent <b>CROSS, MICHAEL 11630 N.W. 31ST PLACE SUNRISE FL 33325</b>		10. Name and Address of New Registered Agent 81 Name <b>SAME</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5270 N.W. 116th Ave</b> 83 84 City <b>Coral Springs</b> FL 85 Zip Code <b>33076</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	CROSS, MIKE	11630 NW 31ST PL.	SUNRISE FL 33325
VP	CROSS, SUZANNE	11630 NW 31ST PL	SUNRISE FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
PD	CROSS, MIKE	5270 N.W. 116th Ave	Coral Springs FL 33076
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
VP	SUZANNE CROSS	5270 N.W. 116th Ave	Coral Springs, FL 33076
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Mike Cross</u> <b>REQUIRED</b> 4/21/97 954-255-9131			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)